Office of Mine Safety and Licensing Reporting Form Violation of Drug and Alcohol Free Condition of Mining Certification Date: State File #: License #: Company (licensee): Address: City: State: Zip: Person Reporting: Title: Phone Number: District: In compliance with KRS 351.170 (2), we are reporting to the Office of Mine Safety and Licensing the certified individual named below, the certified individual: has been discharged for violation of our company's susbtance or alcohol abuse policies for the following reason: refused to submit to a test required by our company's substance or alcohol abuse policies or KRS 351.182, 351.183, 351.184, 351.185 and 352.180. П tested positive and failed to complete an employee assistance program. Certified Person Name: Date of Birth: Miner ID #: Address: City: State: Zip: Fax a copy of this form to the attention of the Executive Director of the Office of Mine Safety and Licensing. Send the original to the attention of the Executive Director to: Office of Mine Safety and Licensing P.O. Box 2244 Frankfort, KY 40602 Phone: (502) 573-0140 Fax: (502) 573-0152 351.170 Reports of licensee (1) All reports of any facility licensed pursuant to this chapter shall be made to the executive director. The licensee of each commercial coal mine shall give at the end of each calendar year accurate information, on blank forms furnished by the commissioner, as to the number of accidents that have occurred, the number of persons employed, the tons of coal mined and any other related information that the commissioner requests. (2) The operator or superintendent of each licensed facility shall report by the close of the next business day, any certified persons who: (a) Have been discharged for violation of a company's substance or alcohol abuse policies; (b) Refused to submit to a test required by the company's substance or alcohol abuse policies or KRS 351.182, 351.183, 351.184, 351.185, and 352.180; or (c) Tested positive and failed to complete an employee assistance program.